

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE  
ELECTRONIC CASE FILING SYSTEM  
ATTORNEY/PARTICIPANT REGISTRATION FORM<sup>1</sup>

The following must be completed before a registration can be processed:

- \_\_\_\_\_ Registration form has been completely filled out including, Bar ID and Notarized signature. Only original forms will be accepted.
- \_\_\_\_\_ Credit authorization form has been completely filled out. (Note: ALL authorized users must be included on the credit authorization form, including the person who is submitting the registration form).
- \_\_\_\_\_ Both the Registration Form AND the Credit Card Authorization Form must be sent together to:

U.S. Bankruptcy Court  
District of Delaware  
Attn.: Financial Administrator  
824 Market Street, 3<sup>rd</sup> Floor  
Wilmington, DE 19801

**PERSONAL AND CONFIDENTIAL**

(Faxes, copies, and emails will not be accepted)

- \_\_\_\_\_ Please check and sign if this person will be added to a Credit Card Authorization form currently on file.

1) Law Firm Name

\_\_\_\_\_

2) Name as it Appears on Card

\_\_\_\_\_

3) Signature of credit card holder

\_\_\_\_\_ *By signing this you authorize the United States Bankruptcy Court to add this participant to the credit card on file.*

\* Note: If the participant is being added to a current Credit Card Authorization form, they need only submit the registration form.

**Important:**

*Because of the sensitive nature of the information contained on your form, we will only hold incomplete application forms for 30 days. If we do not receive your credit card form within 30 days, you will need to submit both forms in order to receive a password.*

\_\_\_\_\_

<sup>1</sup> Before completing this registration form please take note that all Proofs of Claims must be paper filed for the U.S. Bankruptcy Court in the District of Delaware.

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE  
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This form shall be used to register for an account on the Court's Electronic Filing System. Registered attorneys and other participants will have privileges both to electronically submit documents and to view and retrieve docket sheets and documents for all cases assigned to the Electronic Filing System. The following information is required for registration:

First/Middle/Last Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Bar ID (required if applicable): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

\_\_\_\_\_  
Firm EIN: \_\_\_\_\_

Firm PACER ID: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Filer Role: ☐ Attorney ☐ Fee Examiner ☐ Claims Agent ☐ Reaffirmation Agreements

By submitting this registration form, the undersigned agrees to abide by the following rules:

1. The system is for use only in cases permitted by the U.S. Bankruptcy Court for the District of Delaware. It may be used to file and view electronic documents, docket sheets and notices.
2. At this time, the requirements for filing, viewing and retrieving case documents are a personal computer (486 minimum) running a standard platform such as Windows 95 or higher, or Macintosh, an Internet service provider using Point to Point Protocol (PPP), Netscape Navigator version 4.6 or 4.7 and Adobe Acrobat Reader and Writer software to convert documents from word processor format to a portable document format (PDF).

3. Pursuant to Federal Rule of Civil Procedure 11, Federal Rule of Bankruptcy Procedure 9011, and Local Rule of Bankruptcy Procedure 9011.1:

Every pleading, motion, and other paper (except list, schedules, statements, or amendments thereto) shall be signed by at least one attorney of record or if the party is not represented by an attorney, all papers shall be signed by the party.

An attorney's/participant's password issued by the Court combined with the user's identification, serves as and constitutes the attorney's/participant's signature. Therefore, an attorney/participant must protect and secure the password issued by the Court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney/participant to immediately notify the court. This should include resignation or reassignment of the person with authority to use the password. The Court will immediately delete that password from the electronic filing system and issue a new password.

4. The undersigned attorney/participant consents to accept e-mail service in lieu of service of a paper copy of the document whenever service on the attorney is required of documents filed in cases on the Electronic Filing System as set forth in the most recent Interim Operating Order, Administrative Procedures and User Manual.
5. The undersigned attorney/participant agrees to abide by the most recent General Order, Administrative Procedures and Users Manual and all technical and procedural requirements as set forth therein.

Please return to: U.S. Bankruptcy Court  
District of Delaware  
Attn.: Financial Administrator  
824 North Market Street, 3<sup>rd</sup> Floor  
Wilmington, DE 19801  
PERSONAL AND CONFIDENTIAL

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Applicant Signature

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Initial of First and Last Name

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Last 4 digits of SS# or State Bar ID No.

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Notary

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE**

**CREDIT CARD BLANKET AUTHORIZATION FORM**

I hereby authorize the United States Bankruptcy Court for the District of Delaware to charge the credit card listed below for payment of filing fees and other court related expenses which are incurred by the authorized users listed below. I certify that I am authorized to sign this form on behalf of my law firm.

**Name as it Appears on Card:** \_\_\_\_\_

**Names of Other Authorized Users (Include cardholder name, if authorized user):**

\_\_\_\_\_  
\_\_\_\_\_

**Cardholder's Mailing Address:**

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Law Firm Name:**

\_\_\_\_\_

(If sole practitioner, type in your name)

**Law Firm Mailing Address:**

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Name of Financial Contact:** \_\_\_\_\_

**Card Type:**

☐ MasterCard ☐ Visa ☐ American Express ☐ Diner's Club ☐ \_\_\_\_\_

**Account No.:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Please indicate if this information is:** ☐ New ☐ Updated

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form will be kept on file in the Clerk's Office and will remain in effect until the expiration date or specifically revoked in writing. It is the responsibility of the law firm or sole practitioner named above to submit a new form and notify the court of any changes to authorized users, a new expiration date when a credit card has been renewed, or a card has been revoked, canceled or stolen.*